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ABSTRACT

This article is primarily written for beginning therapists, paraprofessionals, and interested students. The following questions are discussed: (1) Who are therapists?; (2) What do therapists do?; (3) Why do people become therapists?; and (4) What are the characteristics of "good" therapists? The continuum of therapists is examined, ranging from the professional to the amateur. Positive and negative reasons for becoming a therapist are explored, as well as the potentially helpful and/or harmful results of therapy. The list of the characteristics of the "good" therapist is drawn from a variety of schools of thought, in accord with the paper's generally eclectic theoretical orientation. (Author/KA)

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Therapists: Who Are They And What Do They Do?

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This article was primarily written for beginning therapists, paraprofessionals, and interested students. The following areas are highlighted: 1) Who are therapists?; 2) What do therapists do?; 3) Why do people become therapists?; and 4) What are the characteristics of "good" therapists? Finally, an argument is made in favor of therapeutic eclecticism.

The role of the therapist can be defined in numerous ways and will usually reflect his/her theoretical viewpoint. The psychoanalytic point of view breeds therapists labeled as analysts or psychoanalysts; the behavioristic approach would seem to produce therapists who analyze also, but their role is probably best characterized as a technician or technologist. And finally, humanistic therapists tend to view their role as one of guidance. All of these roles are not static; and in most cases, therapists at some time will assume all of the roles. The educational exploration of therapeutic roles may be quite intriguing and baffling to students of therapy, but generally the client is not concerned with these educational philosophies.

The three aforementioned theoretical viewpoints have a singular theme -- "help for the client." The layman who is seeking psychological help would probably define the therapist as "someone who is going to help me." This definition borders on the inaccurate, in that, the therapist, regardless of his/her theoretical background, will offer help but he/she will not change the client. If the therapist will offer help via active listening, exploration, analysis, guidance, advice, behavior modification, etc. However, if this desire on the client's part is to become reality, then the client must initiate change. As Dr. Maxie Maultsby (1975), a behavioristic psychiatrist, states, "no method of counseling works unless the person being counseled decides to use it." This is a point which should be kept in mind and will be further covered later in this paper.

Therefore, one can easily see that therapists define their roles in many, many ways, and we have merely dealt with three such definitions. Such factors as theoretical background, location of work, and therapeutic activities will generally shape one's definition of the therapist's role. There are many types of therapists, and some are not necessarily concerned with verbal interaction. This text focuses its attention on the individual therapist, but other specializations include:

1) Group Therapy
2) Marital Counseling
3) Family Therapy
4) Speech Therapy
5) Hypnotherapy
6) Chemotherapy
7) Rehabilitation Counseling
8) Occupational and Recreational Therapy
9) Music Therapy
10) Art Therapy
11) Physical Therapy

All of these therapeutic approaches outlined can have a tremendous influence on a client's mental health and behavior. One can also see that there is a wide range of differences as to therapeutic methodology with each defining their therapeutic roles in unique ways based upon theory, location, and methods.

Who Can Be a Therapist?

The number of potential therapists which the client can encounter may seem nearly limitless, and we will now examine the continuum of therapists, ranging from the professional to the amateur. Figure 1 depicts what we define as the "therapeutic triangle." At the top of the therapeutic triange undoubtedly

would sit the best known professionals: psychiatrists and psychologists. Educationally, these professionals probably deserve this top billing. The psychiatrist, of course, possesses a medical degree and a specialization in the field of psychiatry. He/she theoretically, is a most "complete" therapist for he/she can treat both the emotions and the body. The license to prescribe medications has been the primary factor in earning the psychiatrist this lofty position.

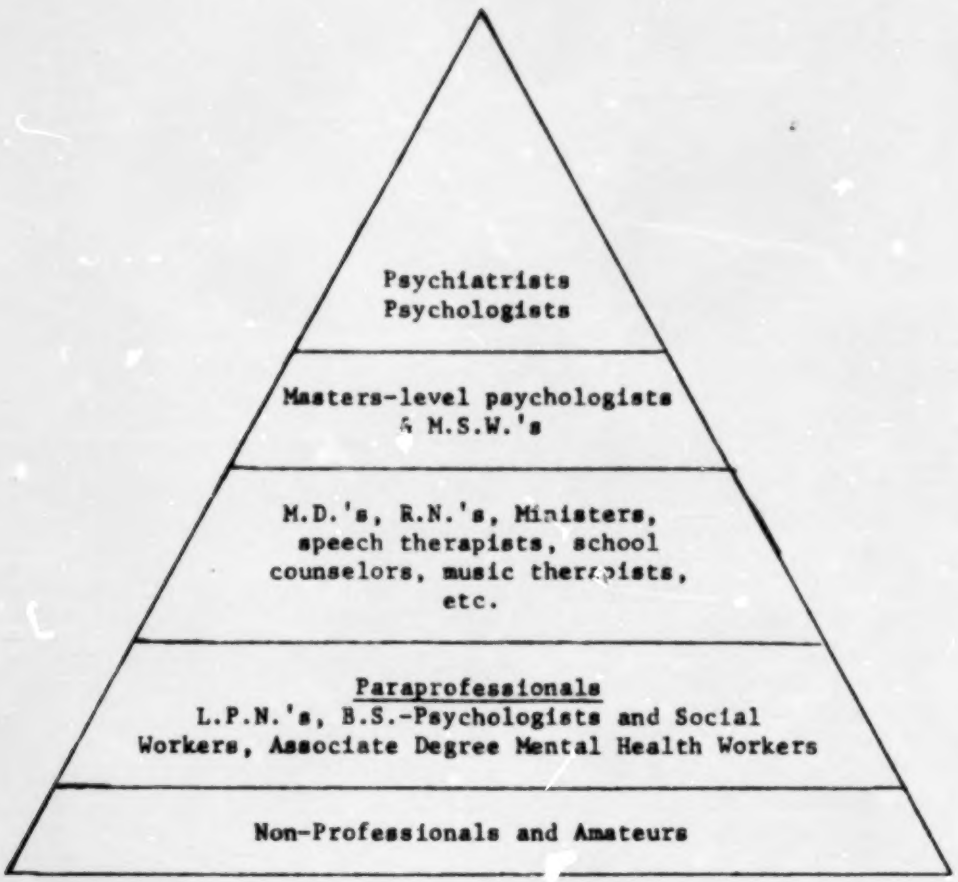

Figure 1: The therapeutic triangle

Slightly below the psychiatrist in prestige and authority falls the doctoral-level clinically-oriented psychologist. He/she is not licensed to prescribe drugs, but generally, he/she has experienced as much, if not more, professional training as a psychiatrist in non-medical areas. He/she usually is highly trained in therapeutic techniques, testing, and research. Also, he/she is usually licensed by a state board of psychology to practice therapy. This level psychologist is often given the additional duty of supervision of masters-level psychologists, other non-medical professionals, and para-professionals.

Another group of professional therapists is represented by those individuals who hold the masters degree in clinically-oriented psychology and social work. The masters-level psychologist is also trained in therapy, testing, and research, but they have not invested as much time or study as have doctoral-level psychologists. The M.S.W. is also highly trained in individual therapy and often specializes in group processes. In addition, these individuals also are often certified or licensed to practice therapy.

On the third layer of this therapeutic triangle would sit other professionals and borderline professionals who may be highly qualified educationally and who may also be minimally qualified to engage in therapy. Some of the individuals comprising this group might be medical doctors, ministers, Registered Nurses, speech therapists, rehabilitation counselors, physical therapists, occupational and recreational therapists, music and art therapists, or elementary and secondary school counselors. Unfortunately, many of these

individuals who carry on therapy or counseling are not supervised and are not required to be sanctioned by a state agency to practice counseling.

The fourth level of our triangle is comprised of paraprofessionals, those individuals whose work parallels that of professionals although they do not hold advanced degrees and usually have limited counseling skills. Such professions as Licensed Practical Nurses, bachelor-level psychologists and social workers, nurses aides, teachers' aides, welfare workers, food stamp workers, and associate degree mental health workers would fall into this category. In general, most of these individuals work in supervised positions and require close supervision.

The base of our triangle is filled with non-professionals who offer advice and counseling. Such individuals as wives, husbands, friends, bartenders, or relatives fit this category. Usually, these people have bare minimum knowledge of therapy and counseling, and often seem to offer counsel based upon gut-level response and experience. Sometimes psychological assistance can be received by an individual from the suggestions, advice, and active listening of the non-professional.

Some professionals and laymen are of the opinion that any therapy or counseling carried on by any individual, professional or amateur, is good for the client. This belief could not be further from the truth. Truax and Carkhuff (1967), have reported that all therapy is not helpful, and in fact, some therapists can and do exacerbate

psychological problems. This situation will be dealt with in more depth later in this paper.

Why Do People Become Therapists?

People become counselors or therapists for a variety of reasons. These reasons can be of either a positive or negative nature, and we will look at some of the primary factors from both.

The most obvious reason for becoming a therapist and the most noble is that the potential therapist has a genuine concern for the welfare of others and desires to "help" others. This is a fine characteristic and should be a driving force behind all therapists. Other reasons for entering the field might be labeled as "selfish needs." These factors would be of a "self interest" nature and involve such reasons as: (1) money, (2) prestige, or (3) self-growth. The authors do not wish to imply that these reasons are necessarily negative or detrimental to the development of a "good" counselor. Rather, the full functioning and most effective therapist is probably motivated by a realistic mixture of both self-serving interests and genuine concern for others. In fact, these "self interest" factors previously noted often can motivate the therapist to greater heights, intellectual growth, and therapeutic excellence.

Unfortunately, there are also many people motivated by rather negative factors to become therapists, and we will now explore some of these types of reasons. You might recognize some of these factors as motivating you to become a therapist. If you do, then we recommend

that you make some effort to explore and fully understand these negative characteristics for they can only damage your efforts as a therapist.

One negative role that some therapists assume is that of "judge and jury." Essentially, these persons have entered the field to judge the behavior and acts of others. These people wish to apply their moral standards to others, and thereby believe that they can label clients as being either "good" or "bad." However, by-and-large therapists should not assume this judgmental role, for your job is usually to separate the "deed from the doer." You should strive to be as empathic as possible and remember that you as a therapist should accept this individual for what he/she is, not what he/she does or does not do. The client, like you, is a fallible human being and "you certainly are not God -- nor a near relative."

Another negative motive for becoming a therapist which parallels the one just discussed is the need to feel superior. This therapist sees himself/herself as the authority on human behavior. He/she believes that he/she has the authority to interpret behavior and make the definitive statement on that behavior. Therefore, he/she believes that his/her abilities are of a superior nature. In essence, this type therapist is playing a game entitled, "I know something about you that you don't know." He/she is making it clear that he/she believes that only he/she understands another's behavior. He/She believes that this individual is not capable of understanding his/her own behavior, and thus deprive him/her of the

right to actively pursue self-improvement.

A third "bad" reason for becoming a therapist is to enter the field to establish oneself as the norm, that is, if you look, act and talk just like me you are probably normal. Oftentimes the therapist may consciously or willingly set himself/herself up as the model for the client to pattern himself/herself after. The therapist who fails to recognize that each client must establish unique personal norms is not allowing that client to experience personal growth.

This situation leads readily into a fourth area of concern; that is, the label of therapist does not imply normality, only that the individual has experienced academic training. There is a fringe group of therapists who are in need of psychological counseling and who have avoided seeking professional help. These individuals have chosen to experience self-growth and psychological help through their study of psychology and psychotherapy; thus, bypassing the most advantageous method of treatment. Some of the members of this fringe group will experience growth, but others will be so emotionally entangled in their own problems that their effectiveness as therapists will be eroded. These persons also can lay claim to a false sense of "normalcy" because they carry the title of "therapist."

Is All Therapy Helpful?

This topic was touched upon earlier in this chapter, and the answer to this question is — NO! All therapy is not helpful to clients. In fact, some therapists, clinics, and institutions

can be harmful. Truax and Carkhuff (1967), in their review of counseling literature and research, state that the evidence now available suggests that psychotherapy may be harmful as well as helpful. Counselors and therapists have most often assumed implicitly that although they could be helpful, they would rarely prove "psychonoxious" as contrasted with psychotherapeutic (Truax and Carkhuff, 1967, p. 20).

Obviously, potentially harmful therapists might include individuals reflecting disinterest, hostility, incompetence, or personal emotional difficulties. It is also possible that a helpful, productive therapist may be exacerbating the client's problems by not using common sense. Psychotherapy can even be counterproductive in some cases; for instance, some therapists might be so involved in instituting therapy that they fail to attend to the client's real or immediate needs. Just because someone is referred to you, that referral does not always imply therapy. The client's problems may stem from non-psychological factors. One client's behavior may be quite strange and unusual because he/she has a brain tumor, or another client may be manifesting similar bizarre behavior due to a psychological disturbance such as schizophrenia. In both cases, fruitful therapeutic work will not properly proceed unless the client's immediate needs are recognized and understood. In the first case, referral to a brain surgeon would obviously be most appropriate, but medication for the schizophrenic will probably need to be administered prior to any attempts at therapy. As for the brain tumor case, following a successful operation, you and your therapeutic thechniques may

not even be needed or wanted. Regarding the schizophrenic, therapy is warranted, but if the client is totally out-of-touch with reality, therapy will be useless unless the client is properly medicated prior to instituting treatment.

Some clients will be temporarily upset or depressed because of a particular situation which has disrupted their lives. Some of these clients may need counseling to help them better cope with the demands and pressures of life. However, in other cases a reality-oriented alternate action might just be the best approach. An example of such a situation follows:

> A college senior beginning his last semester of academic work suddenly loses his job. He was dependent on his former job to pay his college expenses for he is an only child living with his disabled and widowed mother. He will need to drop out of school for he and his mother barely got by on the money that he made and that she receives from the government. He comes to you, the college counselor, manifesting depression, feelings of helplessness, and confusion. He has no history of psychological disturbances, and he generally is viewed as a well-adjusted college student. One could begin therapy with him focusing on the ups and downs of life and his need to learn to cope with life and its pitfalls. Realistically, that therapist is wasting his and the college student's time. The therapist in this case, after a careful evaluation, should probably seek out an alternative to therapy. He reassures the young man that financial aid can be obtained through the college, and he refers the young man to the appropriate office. Also the therapist refers the student to the college placement office for assistance in finding another job. The therapist keeps in close contact with the student and the financial aid and placement offices to insure that everything goes smoothly. The student receives a grant which he could have received long ago because of his family situation, and he is scheduled to interview for a job the following day. Within a few hours his life looks brighter and the feelings of depression, confusion, and helplessness have dissipated. In this case, the therapist using some common sense helped the student using an alternate action and more appropriately met his needs.

Yes, therapy can be harmful and/or counterproductive and there is no hard and fast rule to follow in determining this situation. To stay on track professionally, the authors recommend that you strive to evaluate your behavior with clients. Ask yourself constantly the question, "Is this action in the best interests of my client or am I really primarily meeting my own needs?"

Characteristics of "Good" Therapists

This section will deal with what we define as the characteristics of "good" therapists. Others may disagree with our list; while some might add to the list. Overall, the characteristics which we present are eclectic, drawn from many schools of thought. However, we believe that responsive, full-functioning therapists should possess most, if not all, of the traits to be described.

A body of scientific knowledge concerning psychology:

Many individuals can carry on good but speculative discussions concerning human behavior with little or no scientific evidence to back up their opinions. However, the well-grounded therapist should have a fund of knowledge based upon the research of psychologists and other behavioral and social scientists. This body of knowledge should include information dealing with (1) the foundations and theories of psychology, (2) research and experimentation, (3) ethical concerns, (4) the psychological schools of thought, (5) developmental theories, (6) the practice of psychology, and (7) the different therapeutic viewpoints.

A fund of knowledge regarding normal and abnormal behavior:
The definition of normal behavior is quite nebulous. One researcher might define normality as lying ±1 standard deviation above and below the mean on a bell-shaped curve. Another researcher might define normality as an absence of abnormality. Neither approach is very clear or accurate. Sometimes we humans believe that if someone behaves just like we do then he/she is normal, obviously establishing ourselves as the norm. This definition also is quite inaccurate. Information concerning normal and abnormal behavior can only be obtained via hard work and exploration. The potential therapist needs to read and study relevant publications, and he/she also must experience, through interaction, the world of normality and the world of abnormality. The therapist must not isolate himself/herself from society; he/she must become an integral part of his/her environment. Also, the novice therapist must seek out formal and informal practical experiences with those individuals labeled by our society as abnormal. These investigations should work hand-in-hand to allow the therapist to more thoroughly understand human motivation and behavior. Additionally, the budding counselor must constantly be exploring through education the personality patterns which he/she and others around him/her manifest, looking at these patterns in a critical manner.

Sensitivity to detect and properly evaluate normal and abnormal behavior:
The culmination of the work outlined in the previous section would hopefully lead to a sensitivity for detection of both normal and abnormal behavior. However, the "growing" therapist is generally

always learning, and this sensitivity of which we speak is fostered. As with any skill, continued practice and reevaluation is needed to keep this type of sensitivity in tact. A therapist will also realize that this sensitivity may be affected by his level of emotional involvement. The following example may be utilized to illustrate this point:

> You have an uncle who drinks excessively, but you have not confronted him or really dealt with the idea that he is an alcoholic. You have learned to essentially ignore his behavior. A client comes to you complaining about his wife and their relationship. His drinking pattern is similar to your uncle's, but you know from your personal experience that your uncle and aunt seem to be happily married. Therefore, the drinking issue is totally avoided as a possible cause of marital maladjustment.

This therapist demonstrates that his/her sensitivity in this area is obviously biased. He/She would do well to refer this type of client to another therapist.

Well-rounded background:

The therapist will be coming in contact with individuals from all walks of life and with many different areas of interest. The therapist needs to be familiar with his/her world and interested in more than just a narrow band of ideas. Why is this recommended? To more thoroughly understand or empathize with a client, one might need to know at least a minimal amount about his/her work, hobby, life style, etc. For example, a frustrated tournament chess player who is having some marital difficulties comes to you for assistance. The therapist who has utterly no interest in chess may see little connection between marital problems and a silly, little game. The therapist, who at least reads his daily newspaper, might quickly see some connection between the two. The

intensity with which a Bobby Fisher or Boris Spassky plays and the frustrations and emotional involvement of tournament players are well-documented.

Also, therapy may need a catalyst to create an air of trust and understanding. The therapist who can relate experiences common to those of the client or at least minimal knowledge about some aspect of the client's life may be providing that needed catalyst.

An awareness of personal characteristics and their influences on therapeutic style:

What this characteristic boils down to is, "do you as a therapist have some 'hang-ups', qualities, or idiosyncracies which may be hindering or destructive to your therapy sessions!" Perhaps you might have chosen a particular therapeutic approach which fits your personality. A very reserved, unassertive individual might avoid directive therapies and their consequent strategies. This therapist may feel threatened by people, and he/she may be frightened to assert himself/herself and confront clients with anxiety-laden data. Instead of reflecting the true non-directive approach. this therapist might modify the approach to meet his/her personality needs. Constantly explore your own personality to better understand your actions and behaviors and also constantly strive to improve your personality through training, study, and perhaps even through therapy.

Commonsense:

All therapists need a good dose of commonsense. Commonsense is fostered by practical experience, maturation, and by being an integrated member

of society. Also, commonsense sometimes is influenced by your humanism and compassion. Above all, commonsense is shaped by a sincere interest in the client, his/her problems, and needs; while keeping in mind that client's best interests at all times. Frequently, some professional therapists are called on to administer psychological tests. Test interpretation is an area of great concern among psychologists today because test results have often been misinterpreted and misconstrued. Many testers have abused their privilege by (1) not using commonsense, (2) misinterpreting test data, and (3) improperly labeling or evaluating clients. An exaggerated example might be:

> A college-educated adult has sought counseling at the local mental health clinic for depression. Following a battery of tests, the tester finds that the client has an I.Q. of 85 with no blatant signs of brain damage. The tester blindly stands on the results proclaiming that the client is a borderline mental retardate.

This tester is demonstrating no commonsense and actually little "sense." Such results would obviously point to some pressure or emotional difficulty that has depressed the client's intellectual interests, energy, and desire to intellectually perform. A strong element of commonsense is one therapeutic trait which hopefully will be intertwined into all of the therapist's work.

The next three characteristics which we present are not outlined to promote non-directive therapy. Rather, they seem to be good qualities to strive for regardless of therapeutic approach. Truax and Carkhuff (1967), in reviewing the literature dealing with therapists, found that three characteristics of effective counselors seem to emerge:

(1) Genuineness - an effective therapists is integrated, nondefensive, and authentic or genuine in his/her therapeutic encounters.

(2) Nonpossessive Warmth - an effective therapist can provide a non-threatening, safe, trusting or secure atmosphere by his/her acceptance, unconditional positive regard, concern, or nonpossessive warmth for the client.

(3) Accurate Empathy - an effective therapist is able to "be with," "grasp the meaning of," or accurately and empathically understand the client on a monent-by-moment basis.

These three characteristics have been labeled many things by many different theorists, but they all add up to three very important therapeutic ingredients.

Good communication skills:

The effective therapist can also communicate effectively both verbally and non-verbally. In order to properly verbalize with a client, the "good" therapist must be an active listener. He/She essentially pays attention to the client's verbalizations; he/she knows what the client is talking about. If the client expresses a statement which sounds confusing, he/she asks for clarification. A good example of the need for such action on the therapist's part is reflected in the following case:

> The people of the Applachian region of Kentucky have some rather unusual expressions which they use everyday. One foreign to this environment can very easily misunderstand the Appalachian's conversation. A psychiatrist, who was working in Eastern Kentucky and who had little interest or compassion for the Appalachians, was evaluating one of the local men. The psychiatrist asked the gentleman what he did for a living, and the Appalachian responded, "I gin-around." The psychiatrist indicated on his report that the client was an alcoholic. The correct definition of "gin-around" is "to work odd jobs."

This example obviously shows a need for more active listening on that psychiatrist's part. In addition, the counselor needs to communicate in understandable terms. Therapists encounter clients with varying

degrees of education and intelligence, and these characteristics must be recognized. With some clients, you will need to speak in very simplistic terms avoiding any type of intellectualizing.

Even with intelligent clients, the therapist should avoid "showing off" his great knowledge to the client by intellectualizing. The leaders in the field of Transactional Analysis have particularly stressed this point. Dr. Thomas Harris in the book I'm OK - You're OK (1969) states that psychiatry must develop a "public" language, decontaminated of technical jargon and suited to the discussion of universal problems of our society. He further states that vague meanings and complicated theories have inhibited more than helped the treatment process. His belief is nicely illustrated by this passage penned by Herman Melville, "a man of true science uses but few hard words, and those only when none other will answer his purpose; whereas the smatterer in science. . . thinks that by mouthing hard words he understands hard things."

Another reason to avoid jargon is that such information might be easily misconstrued by the client. For instance, a client describes some feelings to you, and you label the feelings as being "a little paranoid." The client goes home remembering only the word paranoid and begins searching his/her books for information dealing with paranoia. The client then becomes quite upset believing himself/herself to be paranoid, and he/she sees no reason to live any longer. Therefore, he/she attemps suicide. Drastic problems could arise from the non-chalant use of jargon and labels, the beginning therapist must realize the potential problems which might arise when jargon is indiscriminately used.

A final quality of the therapist with good verbal skills is the effective use of verbal reinforcers. The "good" therapist is an active listener so he/she exudes a number of verbal and non-verbal characteristics which encourage communication. The therapist needs to reinforce and encourage the client's conversation. For many clients, their therapeutic experience with you will be their first, and in many cases, clients will be anxious and not verbose. Therefore, for these types of clients reinforcement is necessary. Such statements as "yes," "uh-huh," or "good" can be quite reinforcing. Asking questions and clarifying statements can also demonstrate to the client that his/her verbalizations are important and that you want to hear what he/she is saying.

Closely tied to verbal skills is the need also for non-verbal skills. If you are a normally active listener, then reinforcing non-verbal acts are probably already part of your repertoire of attending behaviors. However, we will review some non-verbal behaviors which need to be used by therapists. Always attempt to demonstrate to the client that you are interested in him/her and his/her problem by maintaining a relaxed but attentive posture. Coupled with an attentive posture should be a reasonable amount of eye contact. We do not imply that you should "snake-eye" your client, just that you should spend some time looking at him/her. This is recommended not only to demonstrate interest, but it will also allow you to better evaluate your client by picking up his/her physical reactions and mannerisms. Believe it or not, some psychologists can spend two hours

testing a client and after the client leaves tell you nothing about his/her physical appearance or reactions.

Other methods of communicating non-verbally include facial and head responses. Smiling, raising your eyebrows, changing your facial expressions, and shaking or nodding the head can all be effective methods of communicating non-verbally. These allow the client to know that you understand what he/she is saying and that you want to help. Finally, one can also communicate quite effectively by touching the client. Shaking hands or a pat on the shoulder can go a long way with some clients by reassuring them of their personal value. However, the act of touching cannot be used with all clients; some client might infer seduction on the therapist's part. An example of the possible negative effects of inappropriately timed touching is illustrated by the following case:

> A very dependent, young woman who was suffering from feelings of inferiority and inadequacy was seeing a young, attractive, male therapist. During one session, the client became very upset and began crying. The therapist attempted to console her by holding her in his arms. This innocent act was taken by the client as an act of seduction. The client began to believe that the therapist loved her and that she loved the therapist. The client-therapist relationship totally disintegrated, and other problems centering around this episode resulted.

Non-verbal communication can definitely enhance your therapeutic interaction if it is used in a natural manner, approriately, and effectively -- not mechanically.

<u>Awareness of the client-population's "lifestyle"</u>:

If the therapist is to be effective with clients drawn from a particular community, then that therapist must be aware of the

idiosyncracies, mores, and "life styles" of the community. The inhabitants of New York City and Harlan, Kentucky are obviously worlds apart in their thought processes and behaviors. You must know what the law will allow in the community where you are practicing. If you want clients to respond to you in a positive manner or if you want referral sources to seek you out, you may need to modify your appearance or behavior. A long-haired, bearded psychologist might be quite successful in Los Angeles, but this psychologist would probably find success to be a rocky road in Hyden, Kentucky, in the core of Appalachia. The authors attended a convention where therapists were discussing their work. One hirsute, young psychologist working in Western Kentucky stated that the local people where he practiced did not like his long hair and beard, and that he had difficulties with many clients because of his appearance. This psychologist proclaimed that, "the people will just have to adjust to my looks." This statement seems to us to be quite unintelligent and unresponsive to the needs of the community. Obviously, this counselor has no business working at the clinic where he is employed for he expects a community to change to meet his needs.

Also, one needs to be well acquainted with population characteristics in order to properly carry on therapy. Some therapeutic procedures or suggestions will just not sit well with clients from certain communities. Encouraging parents to use the "no-lose method" with their children (Gordon, 1970) or a

family council (Dreikurs, Gould, and Corsini, 1974) may be a difficult proposition in some communities. Some parents see their power as absolute and may be totally opposed to such a recommendation. Some communities support the concept of the all-powerful parents, and such suggestions, which are so diametrically opposed to community feelings, should probably be preceded by careful guidance and education.

Continuing education and growth:

The "good" therapist should always be learning, growing, and developing. We believe that when a counselor claims to have all the answers, then that counselor is in trouble professionally. Therapists should continue reading and studying, asking for advice and criticism, and trying new and different techniques. Attend as many meetings, workshops, and conferences that you can, and never become complacent with the therapeutic tools that you have. Always strive to improve, grow, and expand your capabilities.

Flexibility:

While continued growth through education is important, flexibility in recognizing one's own personal strengths and weaknesses is another characteristic of a "good" therapist. You are a fallible human being, and you do not and will not have all the answers -- recognize this and accept it! Sometimes you will need to seek help for your client through avenues other than yourself. Also, we believe that therapists should be flexible enough or therapeutically eclectic enough to meet the individual needs of each client.

> A college student was undergoing therapy with a counselor at a university counseling center. One beautiful, spring day the student asked the therapist if they might hold their session outside. The therapist got very defensive and began criticizing

> the student for making such a request. Following this episode, the student reported that he lost respect for the counselor and that the productivity of their therapy sessions declined.

This therapist/client relationship was destroyed by inflexibility.

Be conscious of the role that you are modeling for the client:

Many clients view their therapists as being "normal" human beings who always behave in an appropriate manner. Often clients will model teir behavior after therapists. In essence, the client may believe that by identifying with "normal" behavior he/she becomes "normal." Identification with the therapist is easily observed. The client may dress like him/her, adopt his/her manner of speech, walking, and posture, or take over one of his/her characteristic gestures (Colby, 1951).

Some identification on the client's part can be helpful, but we do not wish to imply that an over-identification should be encouraged for the client should be cultivating his/her own unique qualities. We do want to make you aware of the fact that such identification might occur. Therefore, you need to be somewhat cautious in your behavior. If a secretary accidentally interrupts your therapy session, would it be wise to yell at her and "put her down" in front of a client who is modeling your behavior? He/She might leave the session believing that one should put people in their place. Be careful, you will affect your client in many ways!

Using self-disclosure:

This is a troublesome area to deal with for it is difficult to determine what is enough and what constitutes too much self-disclosure. We believe that well-timed, self-disclosure can definitely enhance a therapeutic relationship. The purposes of self-disclosure should

be to allow the client to see that: 1) you are human; 2) you can relate with his/her problem; 3) his/her difficulty is not unique, and 4) others have solved similar problems. An example of this procedure might be:

> A gentleman comes to you believing that he is the only person in the world who hates his job. He is quite depressed and feels trapped. You state that this is a very common problem, that this situation had even touched your life, and that is why you are working in your present position. You then go on to deal with your client's present situation and the possible alternatives he may choose.

Many therapists use self-disclosure effectively, while others abuse the practice. The process of self-disclosure should act as a catalyst or stimulus, but sometimes the process is harmful to the therapeutic relationship. Some therapists use their clients as therapists. These therapists tell their clients all about themselves, their problems, and their solutions. In some cases, this practice may work, but in other cases, it may be difficult to determine who is the client. Keep in mind that the client is seeking help from you, the therapist. If you as a therapist need psychological counseling, then you should probably seek professional advice not the assistance of a client.

Resists countertransferences:

The term "countertransferences" stems from psychoanalysis. However, we choose to define countertransferences as, "the tendency for the therapist to respond to a client in a biased manner because the client reminds the therapist of some important figure in his/her life." Whenever a client reminds you of someone in your life, and you begin filling in gaps in his/her story with speculative,

unfounded data or responding in an emotional manner to his/her actions or verbalizations, then you need to reevaluate your approach with this client. If one feels unfounded anger toward a particular client or an irrational degree of empathy or concern, then that therapist may need to consider referring the client to another professional. If you cannot maintain some detachment from your client, your therapeutic effectiveness most probably will be adversely affected.

Objectivity and detachment:

We do not imply that a therapist should not be concerned with his/her client's welfare, only that he/she should maintain a certain degree of objectivity and detachment. Without such objectivity or detachment, a therapist may severely stifle his/her effectiveness possibly resulting in a reluctance to doubt, question, challenge, or even confront his/her client. Remember, the client makes counseling work, and you, as a therapist, can only do so much. Many therapists are so afraid of failure that they assume personal responsibility for every unsuccessful case. A lack of success should not be considered a personal defeat. Some clients will never improve, but others may need to be referred to other professionals or other agencies.

This brings up another area of concern for many therapists—referral. Some therapists believe that if they refer clients to other professionals, their colleagues will think them to be poorly trained or equipped psychotherapists. This could not be further from the truth. The "good" therapist is concerned only with the best interests

of his/her client. Thus, if referral is warranted then he/she refers the client to an appropriate source. There are numerous reasons for referral such as: 1) the client is openly hostile toward you, 2) there seems to be a definite personality clash, 3) the client is either a close friend or relative, 4) your political and/or religious beliefs are offensive to the client, 5) you have absolutely no expertise in the problem area, or 6) your therapy has reached a stalemate. You should be alert to the possibility of referral and if treatment probably would move more efficiently via another source, then consider a therapeutic referral.

A lack of success with some clients can often frustrate the novice therapist, and he/she may tend to blame himself/herself and to take his/her frustrations home. The authors hope that you will attempt to leave your work problems at work. Enjoy your time away from your office. You cannot solve your clients' problems by worrying yourself and your family. Clients generally have developed maladaptive behaviors by practicing maladaptive behaviors for years. Emotional problems are not overcome overnight. You can only do your best, and your client must do the rest. You will probably enhance your therapeutic effectiveness if you can generally divorce yourself from work and enjoy your leisure time.

Is a Particular Theoretical Viewpoint Mandatory?

We support theoretical eclecticism, but we do not imply an unbridled type of eclecticism. Raimy(1950) stated that psychotherapy

is an undefined technique applied to unspecified problems with unpredictable outcomes. For this technique, he recommended rigorous training. This type of unscientific eclecticism is not what we support.

Maultsby(1968a and 1968b) strongly criticizes the concept of therapeutic eclecticism and states that therapeutic competence is probably more related to the use of proven techniques based on well understood, scientifically valid theory, However, Dr. Maultsby's argument is somewhat in question in that he firmly believes that his system of psychotherapy(Rational Behavior Therapy) is the proper approach for all problems. Therefore, he would hardly recommend a substitute therapy.

We do not believe that all clients are that easily "pigeon-holed." All clients are not suitable for Rational Behavior Therapy just as all clients are not suitable for hypnotherapy. We believe that an eclectic approach is a good approach if one has some degree of expertise in the methods which he/she uses. The therapist who illogically and haphazardly applies a therapeutic technique is not reflecting our viewpoint. If one is going to utilize a method of therapy, then that therapist should have some training and study in the area. We firmly believe that each client is a unique individual and that your therapeutic procedure can be tailored to fit the client. This type of flexibility is a must for those employed in community mental health centers. We believe that the therapist who can appropriately evaluate his/her client's needs and efficiently apply a unique and effective therapeutic technique is a very competent counselor. Client centered counseling definitely will not work in all situations, and

the therapist who uses non-directive techniques exclusively might be flabbergasted if his/her techniques did not work with a particular client. An example of this situation might be a counselor attempting to use client centered therapy with a severely retarded adult who is also a behavior problem. Where does he/she go from there? The therapist could refer the client to another counselor skilled in behavior modification. We believe that the full-functioning therapist should and must be well-versed in a variety of intervention techniques.

Summary

This article has looked at the therapist from many different angles: 1) Who is he/she?, 2) What is he/she?, and 3) Why did he/she enter the field of counseling? Additionally, the characteristics which many "good" therapists possess were reviewed, and a discussion of the constructive and destructive effects of counseling were covered. And finally, an argument in favor of technical eclecticism was presented. Many years ago a very wise gentleman neatly summarized the characteristics of a "good" therapist, and these recommendations still have relevance for therapists today. In his recommendations for those who treat the mind, Plato wisely included knowledge, benevolence, and boldness(Colby, 1950).

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